

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: LARRY KOEPKE INC
BUSINESS STREET ADDRESS: 10941 SW 30 CT DAVIE ZIP 33328
BUSINESS MAILING ADDRESS: SAME ZIP _____
BUSINESS PHONE: 954-474-8723
DESCRIBE TYPE OF BUSINESS: TILE SETTER
BUSINESS IS: Corporation X Sole Proprietor _____ Partnership _____

| Owner/Officer (s) | Home Address | City/Zip | Phone# |
|---|----------------|----------|----------|
| 1. JASON KOEPKE | 10941 SW 30 CT | DAVIE | 474-8723 |
| 2. SCOTT KOEPKE | 10941 SW 30 CT | DAVIE | 474-8723 |
| MATTHEW KOEPKE | 10941 SW 30 CT | DAVIE | 474-8723 |
| Federal ID Number or Social Security Number <u>65-0333344</u> | | | |

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 99, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

LARRY KOEPKE Larry B Koepke
Print Owner or Officers Name and Title Signature of Owner or Officer

| | | |
|--|-----------------------|---|
| Office Use Only: Date <u>6/2/99</u> Category <u>05806</u> Fee <u>39.38</u> Rec# <u>185835</u> New <input checked="" type="checkbox"/> Trans <input type="checkbox"/> | | |
| License # _____ | Control # _____ | Zoning <u>R-1</u> (Denise F. Amante) |
| Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____ | Zoning Approval _____ | Date _____ |
| Town Council Date _____ | Approved _____ | Denied _____ |
| Tabled To _____ | Approved _____ | Denied _____ |
| TOWN CLERK APPROVAL _____ | | |

4/98

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

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